



Injury Center *Connection*

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Pilot Communications Campaign Promotes Safe Teen Driving

In October 2009, the Division of Unintentional Injury Prevention, with funding from The Allstate Foundation, launched “Parents Are the Key,” a pilot communications campaign designed to spread the word about safe teen driving. The two-month pilot kicked off in Little Rock, AR and Columbus, OH, with the goal of helping to educate parents of teen drivers about steps they can take to improve their young drivers’ safety. Campaign messages emphasized the importance of parents:

- Talking with teens about safe driving;
- Extending teens’ supervised driving periods;
- Understanding and enforcing state-specific Graduated Driver Licensing (GDL) laws, which are designed to delay full licensure while allowing teens to get

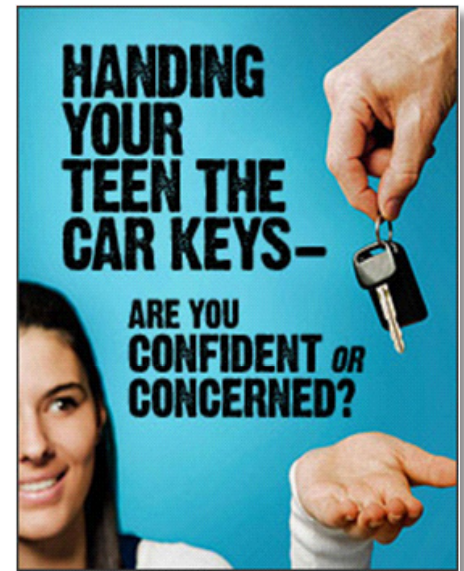
initial driving experience under low-risk conditions;

- Signing a parent-teen safe driving contract.

CDC worked with dozens of outstanding participating organizations in the development and promotion of the [campaign](#).

National partners

include the Allstate Foundation, the National Safety Council (NSC), and the American Academy of Pediatrics (AAP). The Allstate Foundation provided funding for the development of several campaign components, including radio and online advertising, kickoff media events, and an



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Injury Center Leadership News

The Injury Center is pleased to announce the naming of Dr. Robin Ikeda, M.D., M.P.H. as Acting Director of NCIPC. Dr. Ikeda will serve in this position until a permanent Director is selected. Dr. Ikeda was named to the role after the retirement of Louise Galaska earlier this month (see page 3 Staff Announcements/Retirements). Dr. Ikeda is also serving as Acting Deputy Director for Non-communicable Diseases, Injury and Environmental Health. In this position, she is responsible for providing guidance

and leadership to CDC’s scientific and programmatic portfolios.

In this position, she is responsible for providing guidance and leadership to CDC’s scientific and programmatic portfolios for the National Center for Environmental Health, National Center for Injury Prevention and Control, National



Dr. Robin Ikeda

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Leadership News

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Center for Chronic Disease Control and Health Promotion, and the National Center on Birth Defects and Developmental Disabilities.

Several other individuals have been named to acting positions within the Center:

- Amy Harris, M.P.A., is serving as Acting Deputy Director of NCIPC. Amy is currently the Associate Director of Health Policy for NCIPC. She began her CDC career in 1991 and has served in a variety of program and policy leadership roles across the CDC including the Office of Smoking and Health and the Division of Cancer Prevention and Control both within the National Center for Chronic Disease Prevention and Health Promotion. She also served in the Financial Management Office (FMO) as Team Lead and Acting Branch Chief for the Budget Formulation and Public Health Policy Branch.
- Sara Patterson, M.A., is serving as the Acting Associate Director for Policy of NCIPC. Before working at the Injury Center, Sara worked at FMO where she led the budget formulation team. As team lead, she supervised activities related to the Agency's budget and policy formulation process, congressional affairs, legislative analysis, and performance management. Prior to joining CDC, Sara worked as a legislative and policy intern with Kids PEPP (Public Education and Policy Project) for the Ounce of Prevention Fund and the United Nations High Commissioner on Refugees.
- Dr. Adele Childress is serving as Acting Extramural Research Program Office (ERPO) Director. Dr. Childress takes over for Dr. Rick Waxweiler who retired (see Page 3 Staff Announcements/Retirements). Dr. Childress began her CDC career in 1996. She has been a senior health scientist and lead scientific program administrator for the ERPO since May 2006, directing and supporting extramural research grants and activities for both NCIPC and NCEH/ATSDR. She also worked as a senior scientist and program lead with NIOSH in the Office of the Director/Office of Extramural Programs, as a senior health scientist/team lead in the Exposure Investigation Branch/ATSDR, and an epidemiologist at the Louisiana Department of Public Health.
- Kenneth Archer is serving as Acting Management Officer for NCIPC. Ken takes over for Jim Belloni who retired (see Page 3 Staff Announcements/Retirements). Ken has served in a variety of positions within CDC including Deputy Branch Chief with the Prevention Program Branch, DHAP/NCHHSTP; Public Health Advisor/team lead in the Strategic National Stockpile; and Program Consultant with NCHHSTP.

The search for a permanent NCIPC Director is well underway. In the meantime, please join us in welcoming these injury professionals to their new roles!

partnershipCorner

ASTHO's Presidential Challenge

The Association of State and Territorial Health Officials (ASTHO) is collaborating with NCIPC to create a nationwide effort aimed at reducing preventable injuries and death. One special focus area will be on evidence-based interventions pertaining to injuries and deaths caused by motor vehicle-crashes, the leading cause of death for people ages 1-34 years. ASTHO President Paul Halverson is challenging state health leaders to study the data, assess their state, and consider adopting at least one policy strategy this year that could lessen the burden of preventable injury and death in their home state. ASTHO will be drawing on the collective expertise and partnerships of national affiliate partners including the State and Territorial Injury Prevention Directors Association (STIPDA) to help make a difference in reducing preventable injuries and death.

The goal is for states to accept this challenge and to consider new ideas, become engaged, and work together to save lives that would otherwise be needlessly lost. To date, 23 State Health Officials have signed on to the Presidential Challenge.

[Dr. Ileana Arias Named Principal Deputy Director of CDC/ATSDR](#)

Former Injury Center Director, Dr. Ileana Arias was recently named as the permanent Principal Deputy Director of CDC/ATSDR. In this role, Dr. Arias will serve as Dr. Frieden's principal advisor on all scientific and programmatic activities of CDC/ATSDR. She will continue to work with Dr. Frieden on the executive responsibilities of shaping policies and plans for CDC/ATSDR.



Dr. Ileana Arias

We are excited about Dr. Arias' new role and the potential to increase visibility of injury and violence prevention across CDC.

Teen Driving

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online contest. NSC's local chapters served as a link to the business community in each pilot site, and AAP allowed CDC to incorporate its parent-teen safe driving contract as a key campaign element.

State and local partners in both pilot regions played an important role in implementing "Parents Are the Key." With the help of their on-the-ground efforts, CDC was able to distribute nearly 454,000 pieces of campaign material during the two-month pilot. The campaign was promoted through varied channels, including schools, libraries, medical centers, businesses and driver services. "Parents Are the Key" also

received substantial local news media coverage, some of which featured parents of young drivers pledging to protect their teens' health and safety on the roads.

CDC will use evaluation results from the pilot campaign to assess the effectiveness of "Parents Are the Key" materials and components. Revisions will be incorporated prior to a wider launch of the campaign. "Parents Are the Key" information and free materials can be found at www.cdc.gov/parentsarethekey.

NCIPC Staff Announcements/Retirements

The Injury Center bids a fond farewell to several distinguished leaders. The service these leaders have provided to the CDC has been invaluable and we wish them the very best in all of their future endeavors!

Louise Galaska

Former NCIPC Acting Director, Louise Galaska, M.P.A. retired from the CDC January 1, 2010 after serving CDC and public health for nearly 32 years. She began her diverse career with CDC in the Chicago Health Department learning public health through "shoe-leather" epidemiology. Her programmatic experience over the years has included working in cancer, STD, HIV and TB to environmental health. In 2001, Louise joined NCIPC as Deputy Director and became the CMO for CCEHIP in 2006. Louise's admirable qualities of taking on challenging work, clear-thinking and management skills will be missed.



Louise Galaska

Dr. Rick Waxweiler

Dr. Rick Waxweiler retired December 24, 2009 from CDC after more than 38 years of service. Dr. Waxweiler joined CDC in 1971 as a PHS Commissioned Corps Officer, working as an epidemiologist/industrial hygienist at NIOSH where he focused on occupational cancer and respiratory diseases. Dr. Waxweiler also researched radiation-related health effects while detailed to the Los Alamos National Laboratory and toxic waste site health effects at NCEH. He first joined CDC's Injury Center in 1985 as a Epidemiology Branch Chief, then Special Assistant for Scientific Affairs, Director of the Division of Acute Care Rehabilitation Research

and Disability Prevention and Acting Deputy Director of the Center. His most recent position was serving as the Associate Director, Extramural Research Program Office serving both NCIPC and NCEH/ATSDR. He has authored/coauthored many publications in injury/occupational/environmental injury, but the two experiences he will never forget are participating in the responses to the Oklahoma City bombing and the 2004 tsunami in Thailand. Dr. Waxweiler is excited about his retirement and having more time to pursue creative and intellectual interests and travelling.

James Belloni

James Belloni retired from CDC on January 31, 2010, after more than 38 years of service. Jim first joined CDC in October 1971 as a VD investigator working both in Los Angeles and San Francisco, then joined the CDC Diabetes Activity in 1977. One of Jim's proudest legacies is the effort, thought and commitment that went into starting the Diabetes program for CDC. For the past 20 years, Jim has worked in injury for CDC. He has held many positions including program Branch chief, an Associate Director, acting Deputy Director, acting Division Director and, most recently, Management Officer. Jim also held the pivotal role of the Center's Emergency Coordinator (before that term was used) facilitating a public health response to numerous hurricanes, tornados, floods, earthquakes, a riot, a tsunami, and the Oklahoma City Bombing. Jim is excited about this new-found time during retirement and plans to get in better shape, re-read a few books, fish and spend more time with his family.



James Belloni

Policy In Action

CDC Grand Rounds:

On September 17, 2009, NCIPC participated in CDC's inaugural Public Health Grand Rounds session. Grand Rounds is a monthly series, established by CDC Director Dr. Thomas Frieden, that aims to further strengthen CDC's common scientific culture and increase awareness of the key scientific and programmatic challenges in addressing major public health issues.

Led by the Division of Unintentional Injury, NCIPC's presentation entitled "Getting to Zero Traffic-related Deaths" focused on key issues and challenges related to motor vehicle injury prevention. During the presentation, a CDC-wide audience heard a discussion of the state of the science, existing programmatic and policy interventions, and the potential impact of interventions in the areas of teen driving, motorcycle helmets, alcohol impaired driving and occupant restraints. The session also offered perspectives on motor vehicle safety-including the international context, the current political climate, and a historical review of the public health issue-from Justin McNaull, Director of State Relations at AAA and from Dr. Barron H. Lerner from Columbia University.

NCIPC's Grand Rounds session received accolades from colleagues across CDC, and NCIPC looks forward to future opportunities to raise the visibility of injury and violence prevention issues within CDC and with partners across the United States.

congressional *Update*

NCIPC Briefings

Since September 2009, NCIPC has briefed numerous Congressional offices, including:

- Senator Jeff Sessions (R-AL)
- Senator Johnny Isakson (R-GA)
- Senator Christopher Dodd (D-CT)
- Representative Diana DeGette (D-CO)
- Representative Debbie Wasserman Shultz (D-FL)

Topics covered in these briefings included the Injury Control Research Centers, global road safety, shaken baby syndrome or abusive head trauma, violence prevention, and state grant programs authorized by the Virginia Graeme Baker Pool Safety and Spa Act.

Additionally, NCIPC briefed staff from the Senate Committee on Foreign Relations on NCIPC programs and research on global violence against women in September in preparation for a committee hearing on global costs and consequences of violence against women which was chaired by Senator John Kerry (D-MA).

In January, Voices for America's Children held an informational event to brief staffers from the Congressional Children's Caucus on the impact of childhood trauma. NCIPC presented NCIPC's activities related to child maltreatment, childhood injury and teen driving. The Chairwoman for the Children's Caucus is Congresswoman Sheila Jackson Lee (D-TX).

FY 2010 Appropriations

On December 16, 2009, the President signed into law HR 3288 "Consolidated Appropriations Act, 2010." This bill provided \$6.8 billion for CDC, which is \$99 million above the President's Budget request and \$128 million above FY 2009. Funding for NCIPC was provided at \$148.6 million, which is an increase of \$3.4 million above FY 2009 and equal to the FY 2010 President's Budget request. The increase is largely to support teen dating violence efforts, as requested in the FY 2010 President's Budget. New budget lines were also created for the Injury Control Research Centers and older adult falls prevention, although these programs did not receive increased funding.



New Year Brings New Injury Center Priority Area - Motor Vehicle Safety

The Injury Center priorities of residential fires, falls among the elderly, and child maltreatment were established in 2006. These priorities were identified after reviewing all of the Center's initiatives and applying the following criteria in the review and assessment:

- Burden of injury;
- Evidence base for interventions;
- Feasibility of interventions;
- Demonstrable and measurable impact;
- Alignment with agency-wide goals;
- Consistent with CDC's role;
- Cross-cutting and far reaching impact; and
- Stakeholder support.

The process involved identifying three areas where the Injury Center had significant potential to demonstrate health impact. As remains true today, these priorities were not intended to represent the entirety of what the Center can or should be doing. Rather, by applying these criteria and focusing the Center's efforts on three priorities, it would maximize our ability to successfully:

- Increase the health of large and diverse populations;
- Reduce or eliminate health disparities;
- Accelerate adoption of healthy behaviors;
- Achieve greater efficiency of core public health infrastructure;
- Prevent the decline of population health status in the wake of a biological, occupational, terrorist, or environmental disaster or event; and
- Increase prevention effectiveness (health impact per dollar invested).

The initial Injury Center priorities were established through 2010. Over the past few months, the Center has initiated a range of activities to assess its process, progress to date, and the considerations that need to be made in considering its priorities in the future. Based on this assessment, the Injury Center has decided to continue to focus on child maltreatment prevention and fall prevention among older adults over the next 3-5 years. In addition, we have added the focus area of motor vehicle safety, with a specific emphasis on teen driving. Residential fire prevention remains a serious public health problem in the United States and the Injury Center will continue to work in this important area.

There are a number of efforts that contributed to this decision making process. First, the Office of the Associate Director for Science has been working with a team of staff from each division to evaluate progress and outcomes related to each priority. Second, the Injury Center hosted a meeting with representatives from partnership organizations that have a stake in the Center's success. The recommendations from this meeting are being integrated into our ongoing process. Third, we are using opportunities, such as the recent convening of the Injury Center's Board of Scientific Counselors (BSC) and a recent meeting with the Association of State and Territorial Health Officials (ASTHO), to engage, both formally and informally, in discussions related to current and future priorities. Finally, and most importantly, we have engaged each division's leadership in a process of considering the pros and cons associated with maintaining the existing priorities, developing new priorities, or doing some combination of both. We continue to use the original set of criteria (listed above) to guide our evaluation.

Through this process we have received input critical to making informed decisions that leads to a shared vision of what we as the CDC's Injury Center must do to assure that every American can live his or her life to its fullest potential. We look forward to working with you to accomplish this vision.

2009 NCIPC Workforce Award Recipients.

Service Awards

5 Years

Rosalyn Lee
Richard Hunt
Corinne Ferdon
Lisa McGuire
Laurie Beck
Xiangmin Fang

10 Years

Sue Lin Yee
Jennifer Middlebrooks
Jessica Lee
Scott Kessler

15 Years

Wanda Gilbert
Karin Mack

20 Years

Eleanor Jenkins
John Rogers
Gail Wilson
Michelle Knight
Teri Barber

25 Years

Jane Suen
Annie Howerton

30 Years

George Ryan
Lee Annett
Margaret Brome

35 Years

Gail Brown

staffKudos

Workforce Awards: Core II Workgroup

Sara Harrier
Alana Vivolo
Sara Patterson
David Guthrie
Mark Jackson
Karen Mack
Sharon Smith
Kristin Holland

Amy Harris
Suzanne Friesen
Elizabeth Zurich
Mick Ballesteros
Karen Thomas
Renee Johnson
John Hemphill
Patricia Allen

Wanda Gilbert
Karen Ledford
Joe Russell
Sheila Stevens
Victor Coronado
Angela Marr
Rita Noonan
Jessica Shisler

Corinne Graffunder
Mark Davis
Robin Forbes
Heidi Holt
Judy Stevens
Sandra Cashman
Margaret Brome
Carolyn Thomas
Matt Breiding

Priorities Award

Parents Are the Key Team: Arlene Greenspan, Shelly Hammond, Gail Hayes, Michele Huitric, Darryl Owens, and Stacey Thalken.

Science Award

Injury Framing Team: Wendy Holmes, Jane Mitchko, Kavitha Muthuswamy and Emily Eisenberg.

Partnerships Award

Delta Prep Team: Margaret Brome, Jocelyn Wheaton, Sandra Cashman, Kimberley Freire and Jessica Hill.

Keep the Motor Running Award

Sara Patterson

UPCOMING Injury EVENTS

Meetings and Conferences

- Association of Maternal and Child Health Programs Conference
March 6-10 • National Harbor, Maryland
<http://www.amchp.org/Events/amchp-conference/Pages/default.aspx>
- NCOA-ASA 2010 Aging in America Conference
March 15-19 • Chicago, IL
<http://www.asaging.org/AiA10/index.cfm>
- Lifesavers 2010
April 11-13 Philadelphia, Pennsylvania
<http://www.lifesaversconference.org/>
- 2010 Joint Annual Meeting of STIPDA & CDC Core I & II State Injury Grantees
April 14-16 • Ann Arbor, Michigan
<http://www.stipda.org/displayconventioncfm?conventionnbr=6946>
- 10th World Conference on Injury Prevention and Safety Promotion
September 21-24 • London UK
<http://www.safety2010.org.uk/>

Health Observances

- Brain Awareness Week, March 15-21
- Poison Prevention Week, March 14-20

RECENT *injury* PUBLICATIONS

Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach

The [Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach Manual](#) is designed to help violence prevention organizations hire an empowerment evaluator who will assist them in building their evaluation capacity through a learn-by-doing process of evaluating their own strategies.

Disentangling Adolescent Pathways of Sexual Risk Taking

This study published in [The Journal of Primary Prevention](#) (December 2009 issue) used data from the National Longitudinal Survey of Youth to describe different pathways of risk within sexual risk taking, alcohol use and delinquency and how sexual risk is linked to alcohol use and delinquency. When designing future prevention programs targeting early adolescents, school administrators and curriculum designers should integrate prevention messages about alcohol use and sexual risk taking.

Seat Belt Use in States and Territories with Primary and Secondary Laws—United States, 2006

In 2006, seat belt use among adults ranged from 58.3% to 91.9% in states and territories. This study published in the [Journal of Safety Research](#) (December 2009 issue) examined data from the Behavioral Risk Factor Surveillance System to calculate the prevalence of seat belt use by state and territory and by type of state seat belt law (primary vs. secondary enforcement). To get motor-vehicle occupants to wear their seat belts primary enforcement laws remain a more effective strategy than secondary enforcement laws.

An Evidence-Based Public Health Approach to Injury Priorities and Prevention: Recommendations for the U.S. Military

This study in the [American Journal of Preventive Medicine](#) (January 2010 supplement issue), of which Dr. Sleet was a guest editor, focuses on research on injuries in the military and reviews the epidemiology of military sports injuries, training injuries, and transport-related injuries with recommendations for improving prevention and surveillance activities. David A. Sleet, PhD and Grant Baldwin, PhD wrote the foreword with recommendations for a safer military.

Prevention of Physical Training-Related Injuries: Recommendations for the Military Based on Expedited Systematic Reviews

This study in the [American Journal of Preventive Medicine](#) (January 2010 supplement issue) describes how the Military Training Task Force (MTTF) of the Defense Safety Oversight Council created a Joint Services Physical Training Injury Prevention Work Group (JSTIPWG) to: (1) establish the evidence base for making recommendations to prevent injuries; (2) prioritize the evidence base for prevention programs and policies (3) substantiate the need for further research and evaluation on interventions and programs likely to reduce PT-related injuries.

Injury Prevention: A Medical and Public Health Imperative

This special theme issue of [American Journal of Lifestyle Medicine](#) (January-February 2010) focuses on reviews of unintentional injury prevention and its relationship to the practice of preventive medicine and lifestyle counseling. Nine articles within this issue were written by Injury Center staff covering topics such as home injuries, traffic injuries, patient counseling, older adult fall prevention and empowering parents to prevent unintentional childhood injuries. It was edited by two CDC Injury Center scientists, David A. Sleet, PhD and Mick Ballesteros, PhD. The Injury Center has a limited number of hard copies (one per person), available on a first come-first served basis. For free copies, please contact David Sleet, PhD, at dds6@cdc.gov.

Aging in America: Physical and Mental Health (Volumes 2 and 3)

The [Aging in America](#) volumes cover a wide range of topics, including neuroscience, memory, end-of-life choices, health, care giving, medication adherence, benefits of exercise, personal relationships, elder abuse, and other vital issues. The Aging in America series is designed help plan for the future and meet the needs of the quickly increasing number of U.S. residents 65 years of age and older.

Dr. David Sleet Honored with 2009 Distinguished Career Award

David Sleet, PhD, Associate Director for Science in the Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control (NCIPC), received the American Public Health Association's (APHA) 2009 Distinguished Career Award from the association's injury section. Dr. Sleet received the award on November 10, 2009, during APHA's 137th Annual Meeting & Exposition in Philadelphia, PA. APHA's Injury Control and Emergency Health Services honored Dr. Sleet for his "outstanding dedication and leadership in injury control and emergency health services with contributions and achievements that have a significant and long-term impact in the field." Former CDC Director William Foege, MD, is the only other CDC leader to receive this honor since its inception in 1989.

Dr. Sleet's work focuses on understanding the ways behavioral science can be used to prevent injuries. His work has been recognized by organizations such as MADD, which presented him and the other members of an NCIPC team with the National President's Award in 2006 for their systematic reviews of the effectiveness of strategies to reduce alcohol-impaired driving. The results of the



Shown here with David Sleet (center) are: Bella Dinh-Zarr of APHA; Kimberley Freire, MPH, PhD, Division of Violence Prevention; Grant Baldwin, PhD, Division of Violence Prevention; and Elaine Auld of APHA.

team's research played a pivotal role in the passage of national legislation establishing the legal definition of DUI as a blood alcohol concentration of 0.08 percent or higher.

Highlights of Dr. Sleet's contributions in the injury field include: leading the CDC campaign on the dangers of airbags to children; co-authoring the world report on road traffic injury prevention as well as 160 other publications; and putting into practice a child-proof lighter standard, which has saved an estimated 200-300 children every year from burns.

An Opportunistic Intervention: Reduces Risky Behavior and Saves Lives

Whether at home, on the road, or in relationships, people who drink too much are at a higher risk of sustaining injury or causing injury to others. Excessive drinking is the leading risk factor for injury in the United States and the third leading cause of preventable death. The CDC's Injury Center supports alcohol Screening and Brief Intervention (SBI), a clinical preventive service now provided in many Level I trauma centers. The American College of Surgeons Committee on Trauma (COT) requires Level I trauma centers to have a mechanism to identify patients whose drinking is unhealthy and provide on-the-spot brief counseling. This requirement of screening and brief intervention is an evidence-based two-step process: conducting a screening and implementing brief intervention if the screening is positive for risky alcohol use. *Read more at the [Director's View Blog](#).*



Tell us what you think...

We welcome your feedback on the Injury Center Connection.

Please contact Valerie Daniel at Valerie.Daniel@cdc.hhs.gov



The *Injury Center Connection* is produced quarterly by the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC). To find out more about CDC and NCIPC, go to www.cdc.gov and www.cdc.gov/injury.